**Caution: DRAFT FORM** 

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at <a href="https://www.ftb.ca.gov/forms/drafts/index.html">www.ftb.ca.gov/forms/drafts/index.html</a>.

TAXABLE YEAR

## DO NOT ATTACH PAYMENT TO THIS SCHEDULE

CALIFORNIA SCHEDULE

2008

## **Wage and Withholding Summary**

**W-2 CG** 

| Important: Attach this schedule directly behind Side 2 of your tax return.  |                           |   |                       |                      |
|---|---------------------------|---|-----------------------|----------------------|
| Name(s) as shown on return  |                           |   | SSN or ITIN           | -                    |
|   |                           |   |                       |                      |
| Caution: If your Form(s) W-2 are from multiple states, or this schedule is not filled out, then attach copies of your Form(s) W-2, 592-B, 593, 594, and 1099 showing CA tax withheld. Attach this schedule directly behind Side 2 of your tax return. |                           |   |                       |                      |
| Taxpayer W-2 information. (Transfer an  | nounts from your Form(s   | s) W-2 to the appropriate   | e boxes below.) Com   | plete a box for each |
| Form W-2 you receive.   |                           |   |                       |                      |
| 1st W-2   |                           |   | 2nd W-2               |                      |
| Social Security Number (box a)  |                           | Social Security Number (box a) — — —                                      |                       |                      |
| Employer ID Number (EIN) (box b)  |                           | Employer ID Number (EIN) (box b)  |                       |                      |
| State & Employer's State ID Number (box 15)   |                           | State & Employer's State ID Number (box 15)                               |                       |                      |
| Employer Name (box c)   |                           | Employer Name (box c)   |                       |                      |
| State Wages, Tips, etc. (box 16)  |                           | State Wages, Tips, etc. (   |                       |                      |
| CA State Income Tax (box 17)  |                           | CA State Income Tax (box 17)  |                       |                      |
| Social Security Wages (box 3)   |                           | Social Security Wages (box 3)  SDI/VPDI (Local Income Tax) (box 14 or 19) |                       |                      |
| SDI/VPDI (Local Income Tax) (box 14 or 19)  |                           | SDI/VPDI (Local Income  |                       |                      |
| 3rd W-2   |                           |   | 4th W-2               |                      |
| Social Security Number (box a)  | <u> </u>                  | Social Security Number  |                       |                      |
| Employer ID Number (EIN) (box b) State & Employer's State ID Number (box 15)  |                           | Employer ID Number (E   |                       |                      |
| Employer Name (box c)   |                           | State & Employer's State Employer Name (box c)                            |                       |                      |
| State Wages, Tips, etc. (box 16)  |                           | State Wages, Tips, etc. (   |                       |                      |
| CA State Income Tax (box 17)  |                           | CA State Income Tax (b  |                       |                      |
| Social Security Wages (box 3)   |                           | Social Security Wages (box 3)   |                       |                      |
| SDI/VPDI (Local Income Tax) (box 14 or 19)  |                           | SDI/VPDI (Local Income  |                       |                      |
| Spouse/RDP W-2 information. (Transfe  | r amounts from your For   |   |                       | omplete a box for    |
| each Form W-2 you receive.  |                           |   |                       |                      |
| 1st W-2   |                           | Capial Capanita Namaban   | 2nd W-2               |                      |
| Social Security Number (box a)  Employer ID Number (EIN) (box b)  |                           | Social Security Number  |                       |                      |
| State & Employer's State ID Number (box 15)   |                           | Employer ID Number (E<br>State & Employer's State                         |                       |                      |
| Employer Name (box c)   |                           | Employer Name (box c)   |                       |                      |
| State Wages, Tips, etc. (box 16)  |                           | State Wages, Tips, etc.   |                       |                      |
| CA State Income Tax (box 17)  |                           | CA State Income Tax (b)   |                       |                      |
| Social Security Wages (box 3)   |                           | Social Security Wages (   |                       |                      |
| SDI/VPDI (Local Income Tax) (box 14 or 19)  |                           | SDI/VPDI(Local Income   |                       |                      |
| 3rd W-2 4th W-2   |                           |   |                       |                      |
| Social Security Number (box a)  | <b>7</b> – –              | Social Security Number  |                       |                      |
| Employer ID Number (EIN) (box b)  |                           | Employer ID Number (E   | ,                     |                      |
| State & Employer's State ID Number (box 15)   |                           | State & Employer's State  | e ID Number (box 15)  |                      |
| Employer Name (box c)   |                           | Employer Name (box c)   |                       |                      |
| State Wages, Tips, etc. (box 16)  |                           | State Wages, Tips, etc. (   | (box 16)              |                      |
| CA State Income Tax (box 17)  |                           | CA State Income Tax (be   | ox 17)                |                      |
| Social Security Wages (box 3)   |                           | Social Security Wages (   | box 3)                |                      |
| SDI/VPDI (Local Income Tax) (box 14 or 19)  |                           | SDI/VPDI (Local Income  | e Tax) (box 14 or 19) |                      |
| 1. Total state wages from the Form(s) W-2 for   | or taxpayer (Add box 16 t | from all Form(s) W-2 for  | r taynayar)           |                      |
| For nonresidents or part-year residents, enter you  |                           |   |                       |                      |
| (Add box 16 from all Form(s) W-2 for taxpayer)  |                           |   |                       |                      |
| 2. Total state wages from the Form(s) W-2 for spouse/RDP (Add box 16 from all Form(s) W-2 for spouse/RDP)   |                           |   |                       |                      |
| For nonresidents or part-year residents, enter the  | • •                       | . , .   | DP .                  |                      |
| (Add box 16 from all Form(s) W-2 for spouse/RDP)  |                           |   |                       |                      |
| 3. Total California Wages from all Form(s) W-2 (Add line 1 and line 2, and enter here and on Form 540 2EZ, line 9; Form 540 or Form 540NR (Long or Short), line 12. If completing Form 540X,  |                           |   |                       |                      |
| report any W-2 income on line 1a, column B, that was not reported on your original tax return.) \$  |                           |   |                       |                      |
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